

Certified Public Accountant Verification of Experience Form

State Form _____ (R/____)

Indiana Board of Accountancy
Indiana Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-3040
Fax: (317) 233-4236
Email: pla11@pla.in.gov
Website: www.pla.in.gov

SECTION I: Applicant Information (To be completed by the applicant)

Name of Applicant (last, first, middle, maiden or previous)	
Name of Employer	
Address of Employer (number and street, city, state and ZIP code)	
Telephone Number of Employer (include area code)	Email Address of Employer
Position of Applicant	Dates of Employment (MM/DD/YYYY) From: _____ to: _____

SECTION II: Applicant Employment Information (To be completed by the verifying licensee and submitted directly to the Indiana Professional Licensing Agency by the verifying licensee)

Name of *verifying licensee	Email of *verifying licensee	License Number and State of licensure of verifying licensee
<p>_____ <input type="checkbox"/> is <input type="checkbox"/> was employed with the above company:</p> <p>Name of Applicant _____</p> <p>Full time: From _____ to _____</p> <p>Part time: From _____ to _____</p> <p>Annual hours worked if part time _____</p> <p>Quality of Work: _____ Excellent _____ Average _____ Fair _____ Very Good _____ Below Average _____ Poor</p>		OFFICE USE ONLY
<p>Pursuant to 872 IAC 1-1-8.3 of the Indiana accountancy rules, as the verifier of this applicant's experience you must have direct knowledge of the work performed by the applicant. Please summarize briefly the duties and responsibilities of the above named individual while employed with the company listed above.</p> <p>Describe applicant's duties:</p>		

***VERIFYING LICENSEE - If you are an out-of-state certificate holder, please attach a copy of your certificate of registration.**

NOTARY CERTIFICATE

STATE OF _____

COUNTY OF _____

I, _____, being duly sworn on oath say that I am the above named verifying licensee, that I have personally completed Section II of this form, and that the same is true to the best of my knowledge and belief.

*Signature verifying licensee	Signature of Notary Public	
Printed or Typed Name of * verifying licensee	Printed or Typed Name of Notary Public	
Date Subscribed and Sworn To (Notary Public)	County of Residence	Date Commission Expires